

#### INFORMATION ON THE MEDICAL RECORDS RELEASE FORM:

1. The request for release of medical records must be completed in full by the patient Parent (for pediatric patients only) or duly appointed legal guardian. If incomplete, we will return the request.
2. The Health Department reserves the right to examine forms of identification to insure authorized signature. The Virginia Beach Department of Public Health will deny request based on grounds that the requester has not established his authority to receive such records or has not proven his identity or in other cases where the law requires that the request be denied.
3. Request for records that include HIV or Substance Abuse information must be specifically stated.
4. If a record is being sent to anyone other than the patient, there should be identification of the recipient (including address) and a statement of what is the authority of the recipient to receive the records. The authority statement should include relationship and purpose of the request.
5. The patient must pay in advance for copies of the record.
6. The patient must supply name at time of service, birth date, DMV Control Number, Social Security Number and approximate year seen to assist in locating the record.
7. We accept fax request for all Medical Records. The signature does need to match what is in the file.
8. We do not provide information on whether a person is a patient or not without a formal Medical Records Release request or subpoena. All subpoenas are to be received by the Program Managers and a copy provided to Virginia Beach Department of Public Health, Custodian of Records.
9. If you would like this consent to be good through a specific date, please specify on the line stating "This consent expires on (date)."
10. If you have any questions or need assistance in completing this form, please contact the Medical Records Office at (757) 518-2706.